

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	D.B.	70208	10-22-99
O.I.P.E. CLASSIFIER		7	12-28-99
FORMALITY REVIEW	61 62	64524 64431	11-15-99 15-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
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Original	02 30 02 15 06 20
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If more than 150 claims or 10 actions
staple additional sheet here

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